

CAPE HENLOPEN SCHOOL DISTRICT
School Board Member Election - May 9, 2006
AFFIDAVIT FOR ABSENTEE BALLOT FOR PUBLIC SCHOOL ELECTIONS

PERSONAL INFORMATION

(Print or Type)

Name: _____

Birth Date: _____

Apt. Complex
or Development: _____

Address: _____

City/Town: _____ Zip: _____

If you want your ballot mailed to an address other than the one listed above, complete the following:

Address: _____

City: _____ ST: _____ Zip: _____

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FOR DEPARTMENT OF ELECTIONS USE ONLY

NOMINATING/VOTING DISTRICT: _____

AFFIDAVIT REQUESTED: _____

AFFIDAVIT MAILED: _____

AFFIDAVIT RETURNED: _____

BALLOT MAILED: _____

VOTED IN PERSON: _____

BALLOT RETURNED: _____

VOUCHER #: _____

AFFIDAVIT OF VOTER ELIGIBILITY

I, _____,
(Print or Type Your Name)

DO SOLEMNLY SWEAR (OR AFFIRM) THAT:

1. I am a citizen of the United States,
2. I am a resident and citizen of the State of Delaware,
3. I am a 18 years old or older,
4. I reside within the geographical boundaries of the school district, and
5. I will not vote or attempt to vote at any school district polling place on the day of the election.

I further solemnly swear (or affirm) that I am unable to go to a school district polling place on the day of the election because:

(Check the applicable box below)

- ☐ A. I am temporarily or permanently physically disabled.
- ☐ B. I am in the public service of the U.S. or the State of Delaware.
- ☐ C. I am a qualified citizen or spouse of dependent residing with or accompanying a person who is in the service of the U.S. or the State of Delaware.
- ☐ D. Of the nature of my business or occupation.
- ☐ E. I am sick.
- ☐ F. I am incarcerated.
- ☐ G. Of the tenets or teachings of my religion.
- ☐ H. I am absent from the district while on vacation.

I DO SOLEMNLY SWEAR (OR AFFIRM) UNDER PENALTY OF PERJURY THAT THE INFORMATION CONTAINED HEREIN IS TRUE.

Signature of Voter

Date

DEADLINE FOR MAILING OUT ABSENTEE BALLOTS: MAY 5, 2006 - 12 NOON
MAIL COMPLETED AFFIDAVIT TO:
DEPARTMENT OF ELECTIONS ★ PO BOX 457, GEORGETOWN, DE 19947